

# Nj-1040X 1992

## STATE OF NEW JERSEY AMENDED INCOME TAX RESIDENT RETURN

**7X** For Tax Year Jan.-Dec. 31, 1992 Or Other Tax Year Beginning \_\_\_\_\_, 1992, Ending \_\_\_\_\_, 19 \_\_\_\_\_

TAXPAYER IDENTIFICATION AND STATUS	Your Social Security Number		Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse last name ONLY if different)				
	Spouse's Social Security Number		Home address (Number and Street, including apartment number or rural route)				
	County/Municipality Code		City, Town, Post Office		State	Zip Code	
FILING STATUS			EXEMPTIONS			As Originally Reported	Amended
<b>ON ORIGINAL RETURN</b> <b>ON AMENDED RETURN</b> 1. <input type="checkbox"/> <input type="checkbox"/> Single 2. <input type="checkbox"/> <input type="checkbox"/> Married, filing joint return 3. <input type="checkbox"/> <input type="checkbox"/> Married, filing separate return 4. <input type="checkbox"/> <input type="checkbox"/> Head of Household 5. <input type="checkbox"/> <input type="checkbox"/> Qualifying Widow(er)			6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse 7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse 8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse 9. Number of your qualified dependent children ... 10. Number of other dependents ..... 11. Dependents attending colleges ..... 12. Totals (For Line 12a—Add Lines 6, 7, 8 and 11) (For Line 12b—Add Line 9 and Line 10)			6	
						7	
						8	
						9	
						10	
						11	
						12a	
						12b	
<b>RESIDENCY STATUS</b> 13. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From _____ To _____ <small>MONTH DAY YEAR MONTH DAY YEAR</small>							

**GUBERNATORIAL ELECTIONS FUND** Checking below will not increase your tax or reduce your refund.

- Check here →  If you did not previously want to have \$1 go to the fund but now want it to do so.  
 Check here →  If joint return and if spouse did not previously want to have \$1 to go to the fund but now wants it to do so.

		As Originally Reported	Amended (See Instructions)	
14. Wages, salaries, tips and other employee compensation	14.			
15a. Taxable Interest Income	15a.			
15b. Tax exempt interest income. DO NOT include on Line 15a	15b.			
16. Dividends	16.			
17. Net profits from business	17.			
18. Net gains or income from disposition of property	18.			
19. Pensions, Annuities a. Taxable Amount Received	19a.			
and IRA Withdrawals b. Less New Jersey Pension Exclusion	19b.			
c. Subtract Line 19b from Line 19a	19c.			
20. Distributive Share of Partnership Income	20.			
21. Net gain or income from rents, royalties, patents & copyrights	21.			
22. Net Gambling Winnings	22.			
23. Alimony and separate maintenance payments received	23.			
24. Other	24.			
25. Total Other Income (Add Lines 21 through 24)	25.			
26a. Total Income (Add Lines 14, 15a, 16, 17, 18 19c, 20 and 25)	26a.			
26b. OTHER Retirement Income Exclusion	26b.			
26c. New Jersey Gross Income (Subtract Line 26b from Line 26a)	26c.			
27. Exemptions (See instructions)	27.			
28. Medical Expenses	28.			
29. Alimony & separate maintenance payments	29.			
30. Total Exemptions and Deductions (Add Lines 27, 28 and 29)	30.			
31. NEW JERSEY TAXABLE INCOME (Subtract Line 30 from Line 26c)	31.			
32. TAX: (see instructions)	32.			
33. Credit For Income Taxes Paid To Other Jurisdictions	33.			
34. Balance of Tax (Subtract Line 33 from Line 32)	34.			
35. Use Tax Due on Out-of-State Purchases (see instr. NJ 1040)	35.			
36. Total Tax (Add Line 34 and Line 35)	36.			

		As Originally Reported		Amended (See Instructions)	
37.	Total Tax (From Line 36, Page 1)	37.			
38.	Total New Jersey Income Tax Withheld	38.			
39.	New Jersey Estimated Tax Payments/Credit from 1991 tax return	39.			
40.	EXCESS N.J. Unemployment Insurance Withheld (see instructions NJ 1040)	40.			
41.	EXCESS N.J. Disability Insurance Withheld (see instructions NJ 1040)	41.			
42.	Amount Paid with original return, assessments and/or with request for extension to file	42.			
43.	Total payments (Add Lines 38 through 42)	43.			
44.	Refund previously issued from Original Return	44.			
45.	Net payments (Subtract Line 44 from Line 43)	45.			
46.	If payments (Line 45) are LESS THAN tax (Line 37) enter AMOUNT OF TAX YOU OWE			46.	
47.	If payments (Line 45) are MORE THAN tax (Line 37) enter OVERPAYMENT			47.	
48.	Amount of Line 47 to be (A) REFUNDED			48A.	
	(B) CREDITED to your 1993 tax	48B.			

Enter below, name, social security number and address as shown on original return (if same as indicated on page 1, write "Same"). If changing from separate to joint return, enter names, social security numbers and addresses used on original returns. (Note: You cannot change from joint to separate returns after the due date has passed unless you have done so for Federal tax purposes.)

Enter first names of your dependent children who lived with you, but were not claimed as dependents on original return.

**Explanation of Changes to Income, Deductions, and Credits**

Enter the line reference for which you are reporting a change and give the reason for each change.



**If amending Line 33, complete the calculations below:**

(Income from Other Jurisdictions) \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
 (Income from New Jersey sources) \_\_\_\_\_ (New Jersey Tax Line 32, Page 1)

Under the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on line 43 in full. Write social security number on check or money order and make payable to: State of New Jersey-TGI  
 Mail your return to: Division of Taxation, Lakewood Processing Center, 895 Towbin Rd., Suite A, Lakewood, N.J. 08701  
 If REFUND: Division of Taxation, Income Tax - CN-555, Trenton, NJ 08647-0555 (REV. 10-92)

SIGN HERE

 Your signature \_\_\_\_\_ Date \_\_\_\_\_  Spouse's signature (If filing jointly, BOTH must sign.) \_\_\_\_\_

Paid Preparer's Signature \_\_\_\_\_ Federal Employer Identification Number \_\_\_\_\_

Firm's Name \_\_\_\_\_

Division Use 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_